

#4

FORMALITIES LETTER



OC00000005031894

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/512,967	02/24/2000	Charles F. Pyne	13308/2080:3

3528
STOEL RIVES
STANDARD INSURANCE CENTER
900 SW FIFTH AVENUE, SUITE 2300
PORTLAND, OR 972041268



Date Mailed: 04/05/2000

NOTICE TO FILE MISSING PARTS OF REISSUE APPLICATION

Filing Date Granted

An application number and filing date have been accorded to this reissue application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.

\$ 65

~~* \$130 Surcharge required~~

(see attached copy of previously filed Statement

A copy of this notice MUST be returned with the reply.

Claiming Small
Entity Status--
Small Business
Concern)

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

10/04/2000 HLE333 00000004 09512967

01 FC:205

65.00 0P

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

Docket Number (Optional)
13308/2080:3

Applicant, Patentee, or Identifier: Charles F. Pyne
Application or Patent No.: 5,721,907
Filed or Issued: February 24, 1998
Title: REMOTE FILE TRANSFER METHOD AND APPARATUS

I hereby state that I am
☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN LapLink.com, Inc.

ADDRESS OF SMALL BUSINESS CONCERN 18702 North Creek Parkway
Bothell, Washington 98011

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☐ the application identified above.
☒ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

- Each person, concern, or organization having any rights in the invention is listed below:
☒ no such person, concern, or organization exists.
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

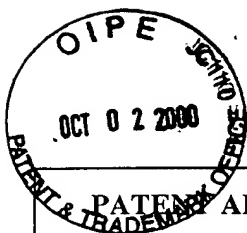
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Scott Koznek

TITLE OF PERSON IF OTHER THAN OWNER Chief Financial Officer

ADDRESS OF PERSON SIGNING 18702 North Creek Parkway, Bothell, WA 98011-8026

SIGNATURE Scott Koznek DATE 18 FEB 2000



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
09/512,967

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	39 minus 32 = *	7
INDEPENDENT CLAIMS (37 CFR 1.16(b))	13 minus 11 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

RATE	FEE
	\$ 345
x \$ 9 =	\$63
x 39 =	\$78
+ =	
TOTAL	\$486

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	\$
x \$ =	
x =	
+ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 39	Minus ** 39	= 0
	Independent (37 CFR 1.16(b))	* 13	Minus *** 13	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

RATE	ADDITIONAL FEE
x \$ 9 =	0
x 39 =	0
x =	
TOTAL ADDIT. FEE	0

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x \$ =	
x =	
x =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus **	=
	Independent (37 CFR 1.16(b))	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ =	
x =	
x =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x \$ =	
x =	
x =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus **	=
	Independent (37 CFR 1.16(b))	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ =	
x =	
x =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x \$ =	
x =	
x =	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.